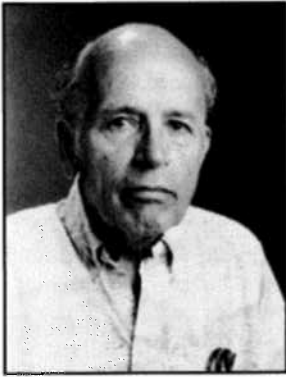


# Hawaii Needs a Policy on Assisted Suicide

by A.A. Smyser

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Bud Smyser

About 19 people die in Hawaii every day, 12 or 13 of them from heart disease, cancer or stroke. About three have had hospice help and died fairly comfortably. An equal number or more may have been considerably overtreated—running up their bills and discomfort in combating situations that realistically were hopeless.

If assisted death were legal here, the Netherlands' experience suggests about 200 people out of 7,000 who die every year might receive doctor assistance to abort what looks like a long trip down a tunnel of hopelessness.

These people now have such lonely options as furtively using medications that may fail and leave them further disabled, getting guns, or jumping off high places. But those of us who have taken our pets to a veterinarian to be *put to sleep* know there are quick, compassionate options still denied to humans in the U.S.

Whether the compassionate option will continue to be denied is now being battled out in the legislatures and courts. There is a strong possibility the U.S. Supreme Court will rule on it in its 1996-97 term. Past actions by the court suggest it might declare assisting a suicide a states' rights matter. It thus could uphold Oregon's OK and neighboring Washington's ban.

This would be far narrower than the ruling of two federal appeals courts, one of them covering Hawaii, that there is an inherent right to commit suicide and thus a right to be assisted. The Supreme Court put these rulings in suspension until it decides how to proceed when it reconvenes in October.

Hawaii should be readying its own state policies. I am with a group that hopes a blue-ribbon commission can be formed to propose them.

Community unanimity will be impossible to achieve because there are strong feelings both for and against, as with abortion. However, the odds are the commission could come up with compassionate recommendations that would receive wide public support.

Patient self-determination in the U.S. now is limited to a right to refuse treatment. Living wills are the best way to express it. Do-not-resuscitate bracelets are another.

We still have the problem that too few people have notarized living wills. Beyond that many executed living wills are misplaced or ignored.

A health-care provider can be prosecuted for ignoring a living will but there have not been any prosecutions. One or two might send a wake-up call and help reduce the inhumanity, indignity and expense of over treatment when realistic hope is gone.

Death with dignity is further curtailed even for many hospice patients. Too many are delivered to hospice care only a few days

before death, whereas weeks or months are preferable. The longer time means earlier relief from pain and earlier help in minimizing such disquieting symptoms as bowel control.

It also means more time to prepare the dying person and dying person's supporters for the death to come with counseling, practical assistance and emotional support. Many hospice deaths can truly be called beautiful.

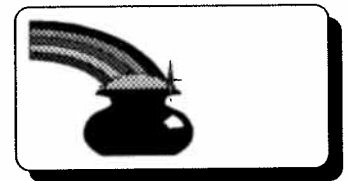
Even though hospice care is a *best buy*, fully insured in most cases, there remain a minority of cases patients see as outside a hospice's ability to give enough help.

This is the small gap where doctor-assisted suicide could be humane and less lonely. It is a terribly emotional matter, clouded by *slippery slope* fears of abuse, but still an option that polls show most Americans and many doctors favor.

Whether assisting a suicide becomes a state's rights question or a general right, Hawaii ought to be thinking out what state public policy should be. Our present law makes it the crime of manslaughter to *cause* a suicide.

Whether that is distinct from *assisting* a suicide has never been tested in court but it leaves physicians uneasy.

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